CS3	2 2 1	All Comments of the Comments o
ASS. REC.BY: Taylor REF: 45 M21	w7356/7943-1	Vin .
ASSIC	FNMENT	7 5
Date:	Ven No: FBN 8385 P	Yr Regn: LOCK! Dec.
From: Bale	Type: M.Car / M.Oycle / Bus / Van / Lorry	I.Taxi / Prime Mover /
OD / F IWS / TP RES / OD RES / EVA / INV / MV	Truck / Trailer or	c.c 183·
To Insped Vehicle No:	Make: SYM VF31	
at Workshop m/s	1 Colour 17 Live	A/C: Insured / Std / NI / NA  T/Radio: Insured / Std / NI / NA
of	Sp.Reading	1/Radio, histored / ota / At / 70
Insured:	Eng/No:	12000052
Policy No.		13000000
Claims No.	Gen. Cond: Good / Fair / Poor / Burnt	Durnf Or
Sum Insured: Excess:	Steering: inorder / Jammed / Leaked / E	-
(Client's Record)	Brake: Inbruder / Jammed / Leaked / E	
Make of Veh:	Modi : Nij / S/Rim / STD A/Rim or Tyre Sizé: F:	orit
	Tyre Size: F: 7 8	to My
(Policy Condition)  N/S O/S	BS / DUN / EXNOVA / GY /-FS / LIZA /	MIC / OHTSU / PIR / SUMI /
Remark: The veh had commenced its N/S O/S repair at the time of inspection.	TOYO / YOKO or	inda
& a K	Front	Rear
Bal. or Market value.	R/Bal. 5 mm	R/Balmm
IDAC Accident Rport: Consistent? : Yes or No  Consistent? : Yes or No	L/Bal mm .	D.O.I. 2/8/22
Est. Repairs: 4 days Res.: Yes or No	D.O.A.	D.O.I. 2/8/22 or Anoller God
Lum Sum: % 3 Val.: Yes or No		
CA / REV / REP. / 24 HRS	Des. of Damages : Firt Rear / O/S	I MAS I DIC I ROOMOP OF
Vehicle: IN/C	The U/C / Chassis frame / Bo	dy Structure affected due to collision.
Date: Person Contacted:  Date/Time   Action / Instruction		
Date/Time Action/Instruction  Peper Range: 42	,000-94000, 5da	γ.
04/08/2 <sup>3</sup> Submit LS \$2250, 4 days. (Red \$750, 25%)		
Date/Time, File Pass 10? : Preli. Report	Days Of Repair: 4	
	Resurvey No. of Trip:	Survey Fee:
1) 04/08 Typist : Final Report  Date/Time, File Return to?		Transportation:
	Fee: :Site Insp (\$	)S ÷ RSSI
-	: Interview (\$	) Photos
Rep <b>erformal:</b> TP	:Tech. Invs (\$	) Others
Lump Sum <del>/ LB III</del> (%	:Weellend (%	1
TOTAL		
· ·		